



11/15/04

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Francis X. Canning  
Appl. No. : 09/676,727  
Filed : September 29, 2000  
For : COMPRESSION AND  
COMPRESSED INVERSION OF  
INTERACTION DATA  
Examiner : Morella I Rosales-Hanner  
Group Art Unit : 2128

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service via Express mail in an envelope labeled EV 320129645 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

November 12, 2004

(Date)

*Lee W. Henderson*

Lee W. Henderson, Ph.D., Reg. No. 41,830

AMENDMENT IN RESPONSE TO THE AUGUST 12, 2004 OFFICE ACTION

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

**NOV 22 2004**

Technology Center 2100

Dear Sir:

In response to the Office Action mailed August 12, 2004, Applicants respectfully submit the following amendments and comments in connection with the above-captioned application.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** begin on page 8 of this paper. A "Replacement Sheet" for each sheet of drawings being amended can be found in the Appendix.

**Remarks/Arguments** begin on page 9 of this paper.



## AMENDMENT / RESPONSE TRANSMITTAL

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 App. No. : 09/676,727  
 Filed : September 29, 2000  
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 COMPRESSED INVERSION  
 OF INTERACTION DATA  
 Examiner : Morella I Rosales-Hanner  
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## CERTIFICATE OF EXPRESS MAILING

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## Mail Stop Amendment

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

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Technology Center 2100

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 18 pages, Appendix in 1 page.
- (X) An Information Disclosure Statement.
- (X) A PTO Form 1449 with eight (8) references.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	33 - 33 = 0	2202 (\$9)	0 x 0 =	\$0
Independent Claims	6 - 6 = 0	2201 (\$44)	0 x 0 =	\$0
Multiple Claim		2203 (\$150)		\$0
			<b>TOTAL FEE DUE</b>	<b>\$0</b>

- (X) A check in the amount of \$180 to cover for the Information Disclosure Statement is enclosed.
- (X) Return prepaid postcard.